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Health and Disease in young Sea Dayak Men

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114 In January 1953 recruiting was begun for the Sarawak Rangers for military service in Malaya where formerly they had been 702 employed in a civilian capacity as Iban trackers. After service in Malaya they were to form a nucleus for a military force to defend Sarawak. I was the medical officer to the four recruiting parties from Malaya and this article embodies my findings, impressions and opinions formed during this recruiting campaign. It is confined to the second and third divisions of Sarawak and to the Sea Dayak race.

● 125 The clinical findings cannot be exterpolated with any con- 702 fidence to the whole population of the area covered since two factors distorted the cross-section of young men presented to me for medical examination and these did not act similarly at different times and places.

All recruits were volunteers. Each recruiting officer would tour his alloted district asking men to come forward and explaining the terms of service. At the same time a message was sent round the long-houses which he was unable to visit announcing the date of the recruiting parade which was invariably held in a town. This produced the first distorting factor: men who were diseased—more especially externally so—would be disinclined to volunteer as it was made clear that they would have to be perfectly fit and pass a medical examination added to which the pengulus frequently stopped men who were, in their opinion, unfit or too unintelligent to serve in the army from presenting themselves.

The second factor was introduced by the recruiting officers. Each officer had his own ideas about what type of Iban would make a good soldier: one might favour the younger man ready to learn, another the older man with worldly experience, a third the Herculean type and a fourth the lithe intelligent type. The bias here is that the older man is more likely to show signs of disease and the thin man was more often suffering from illness than the robust. Further in each region the number of men presenting themselves for each vacancy varied between two and twenty. Thus the officer had to vary his standards of choice and to a lesser extent the medical standards for recruitment were altered. For example in the Third Division 22 out of 351 were

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rejected on the grounds of age or height as compared with 2 out of 153 in the Second Division. Age and height are characteristics obvious to M.O. and recruiting officer alike but in the Third Division it was harder to get suitable men. This statement needs slight modification as halfway through the campaign the minimum height standard was reduced from 62 inches to 60 and the maximum age raised from 30 to 35 years. Nevertheless, even using the new standards 11 out of 351 would still have been rejected in the Third Division and only two in the Second Division.

The medical examination for each man took 8 to 12 minutes depending on whether clerical and clinical help was available. The basis of medical examination was the inter-Service PULHEEMS modified in the following respects to suit the people: no history was taken because past illnesses had rarely been diagnosed beyond the generic names of fever, bellyache or rash: the difficulties in assessing colour perception were too great for this to be done: the abdomen received more attention than normally because of the incidence of malaria: the median, personal and great auricular nerves were palpated for leprous thickening: the soles of the feet were examined for the presence of crab yaws and exercise tolerance tests were perfomed on older men.

SUMMARY OF MEDICAL FINDINGS

Place	*Kapit*	*Song*	*Kanowit*	*Lubok Antu*	*Engkilili*	*Simanggang.*	*Division III*	*Division II*
No. examined	205	93	53	105	15	33	351	153
Age and height Rejections	16	2	4	2	0	0	22	2
Total rejected	45	26	16	17	5	5	87	27
Diseases.								
Otitis media	18	7	7	2	0	3	32	5
Albuminuria	4	1	1	2	0	0	6	2
Yaws	2	6	1	9	3	2	9	14
Malaria	4	6	2	4	0	0	12	4
Hepatic enlargement ...	2	8	1	1	0	1	11	2
Thyroid enlargement ...	6	5	0	6	0	2	11	8
Respiratory disease ...	7	0	0	1	0	0	7	1
Tinea	2	0	0	0	0	1	2	1
Defective eyesight	20	10	7	5	1	2	37	8
Otitis externa	5	2	2	0	0	0	9	0
Cardiac murmurs	5	4	2	5	2	1	11	8

Other abnormalities were rare and were not of statistical interest so will be stated not tabulated:—localised muscle wasting 3, filariasis (with commencing elephantiasis) 2, primary chancre (syphilis) 1, chronic osteomyelitis 1, scars (of such a nature as to render a man unfit for service) 4, testicular atrophy 1, cysts of